

Marion County OREGON

PUBLIC WORKS

Building Inspection Division Land Development Engineering & Permits

REQUEST TO CANCEL A PERMIT OR APPLICATION REQUEST REFUND

APPLICANT:		PHONE:
MAILING ADDRESS:		
	(ADDRESS)	(CITY & ZIP CODE)
PROJECT ADDRE	SS:	
	(ADDRESS)	(CITY & ZIP CODE)
ACTIVITY NUMB	ER(S)	
REASON:		
I would like to	cancel the above permit(s)	and/or application(s) and if entitled, I request a refund.
	•	•
SIGNED:		and/or application(s) and if entitled, I request a refund. DATE:
SIGNED: EMAIL ADDRESS	: ΓHERE IS A \$25.00 CHA ALLOW UP TO	DATE:
SIGNED: EMAIL ADDRESS	FOR	DATE: ARGE FOR ALL REFUND/CANCELLATIONS O 4 WEEKS TO PROCESS REFUNDS. to: building@co.marion.or.us
SIGNED: EMAIL ADDRESS	: THERE IS A \$25.00 CHA ALLOW UP TO Email t	DATE: ARGE FOR ALL REFUND/CANCELLATIONS O4 WEEKS TO PROCESS REFUNDS.

MARION COUNTY